

# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK CITY OF PORTLAND

## BUILDING INSPECTION

### PERMIT

Permit Number: 080950

Please Read Application And Notes, If Any, Attached

This is to certify that CHADBALLS HOLDING /Class Act Management

has permission to Multi-use Interior walls tear-out fit-up Metal Fabrication, Concrete Counter-top Fabrication, Lighting Fabrication

AT 219 ANDERSON ST L 010 A008001

provided that the person or persons who accept this permit shall comply with all of the provisions of the Statutes of the State and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and when permission procedure before this building or part thereof is occupied or services resumed in 4 HOUR NOTIFICATION REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS	
Fire Dept. <u>Class</u>	<p><b>PERMIT ISSUED</b></p> <p>SEP 2 2008</p> <p>Department Name <b>CITY OF PORTLAND</b></p>
Health Dept.	
Appeal Board	
Other	

9/02/08 Chp & M  
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Bill cell # 450-0370  
Simpson

Scanned

**City of Portland, Maine - Building or Use Permit Application**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 08-0950	Issue Date: 9/2/08	CBL: 010 A008001
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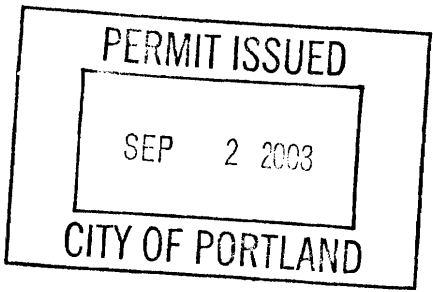
Location of Construction: 219 ANDERSON ST	Owner Name: CHADBALLS HOLDING LLC	Owner Address: PO BOX 641	Phone:
Business Name:	Contractor Name: Class Act Management	Contractor Address: P.O. Box 10250 Portland	Phone 2078740700
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: IL-b

Past Use: Warehouse / Storage <i>was Rockingham elec.</i>	Proposed Use: <del>Commercial</del> <i>Industrial</i> - Multi-use - Interior walls tenant fit-up - Metal Fabrication, Concrete Counter top Fabrication, Lighting Fabrication	Permit Fee: \$135.00	Cost of Work: \$4,000.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <i>See Conditions</i>	INSPECTION: Use Group: <i>F-2</i> Type: <i>3B</i> <i>IBC-2003</i>	

Proposed Project Description: Multi-use - Interior walls tenant fit-up - Metal Fabrication, Concrete Counter top Fabrication, Lighting Fabrication	Signature: <i>Greg Cass</i>	Signature: <i>9/2/08 CLM</i>
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: _____ Date: _____		

Permit Taken By: Idobson	Date Applied For: 08/01/2008	<b>Zoning Approval</b>
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<ol style="list-style-type: none"> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..</li> </ol>	<b>Special Zone or Reviews</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: <i>9/2/08</i>	<b>Zoning Appeal</b> <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied Date: _____	<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
	Signature: _____ Date: _____		



**CERTIFICATION**

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE





# General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: <u>219 Anderson St.</u>		
Total Square Footage of Proposed Structure/Area <u>300 +/-</u>	Square Footage of Lot	Number of Stories <u>2</u>
Tax Assessor's Chart, Block & Lot Chart# <u>10</u> Block# <u>A</u> Lot# <u>8-11</u>	Applicant * <u>must be owner, Lessee or Buyer</u> * Name <u>William Simpson</u> Address <u>P.O. Box 10250</u> City, State & Zip <u>Portland 04104</u>	Telephone: <u>874-0700</u> <u>@ 450-0370</u>
Lessee/DBA (If Applicable)	Owner (if different from Applicant) Name Address City, State & Zip	Cost Of Work: \$ <u>4000 +/-</u> C of O Fee: \$ <u>1-95</u> Total Fee: \$ <u>-135-</u>
Current legal use (i.e. single family) <u>warehouse/storage</u> Number of Residential Units <u>N/A</u> If vacant, what was the previous use? <u>N/A</u> Proposed Specific use: <u>Apartment construction, metal fab, concrete counter tops</u> Is property part of a subdivision? <u>NO</u> If yes, please name _____ Project description: <u>Interior Walls tenant fit-ups 3 units.</u>		
Contractor's name: <u>SELF / CLASS ACTS MANAGEMENT</u>		<u>AUG 1 2008</u>
Address: <u>P.O. BOX 10250</u>		
City, State & Zip: <u>Portland, ME 04104</u>		Telephone: _____
Who should we contact when the permit is ready: <u>Bill Simpson</u>		Telephone: <u>874-0700</u>
Mailing address: <u>P.O. Box 10250, Portland, ME 04104</u>		<u>450-0370</u>

Please submit all of the information outlined on the applicable Checklist. Failure to do so will result in the automatic denial of your permit.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at [www.portlandmaine.gov](http://www.portlandmaine.gov), or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature: William Simpson Date: 7/30/08

This is not a permit; you may not commence ANY work until the permit is issued

**City of Portland, Maine - Building or Use Permit**

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

<b>Permit No:</b> 08-0950	<b>Date Applied For:</b> 08/01/2008	<b>CBL:</b> 010 A008001
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<b>Location of Construction:</b> 219 ANDERSON ST	<b>Owner Name:</b> CHADBALLS HOLDING LLC	<b>Owner Address:</b> PO BOX 641	<b>Phone:</b>
<b>Business Name:</b>	<b>Contractor Name:</b> Class Act Management	<b>Contractor Address:</b> P.O. Box 10250 Portland	<b>Phone</b> (207) 874-0700
<b>Lessee/Buyer's Name</b>	<b>Phone:</b>	<b>Permit Type:</b> Industrial	

<b>Proposed Use:</b> Industrial - Multi-use - Interior walls tenant fit-up - Metal Fabrication, Concrete Counter top Fabrication, Lighting Fabrication	<b>Proposed Project Description:</b> Multi-use - Interior walls tenant fit-up - Metal Fabrication, Concrete Counter top Fabrication, Lighting Fabrication
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**Dept:** Zoning      **Status:** Approved with Conditions      **Reviewer:** Marge Schmuckal      **Approval Date:** 08/12/2008**Note:** **Ok to Issue:** 

- 1) Separate permits shall be required for any new signage.
- 2) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

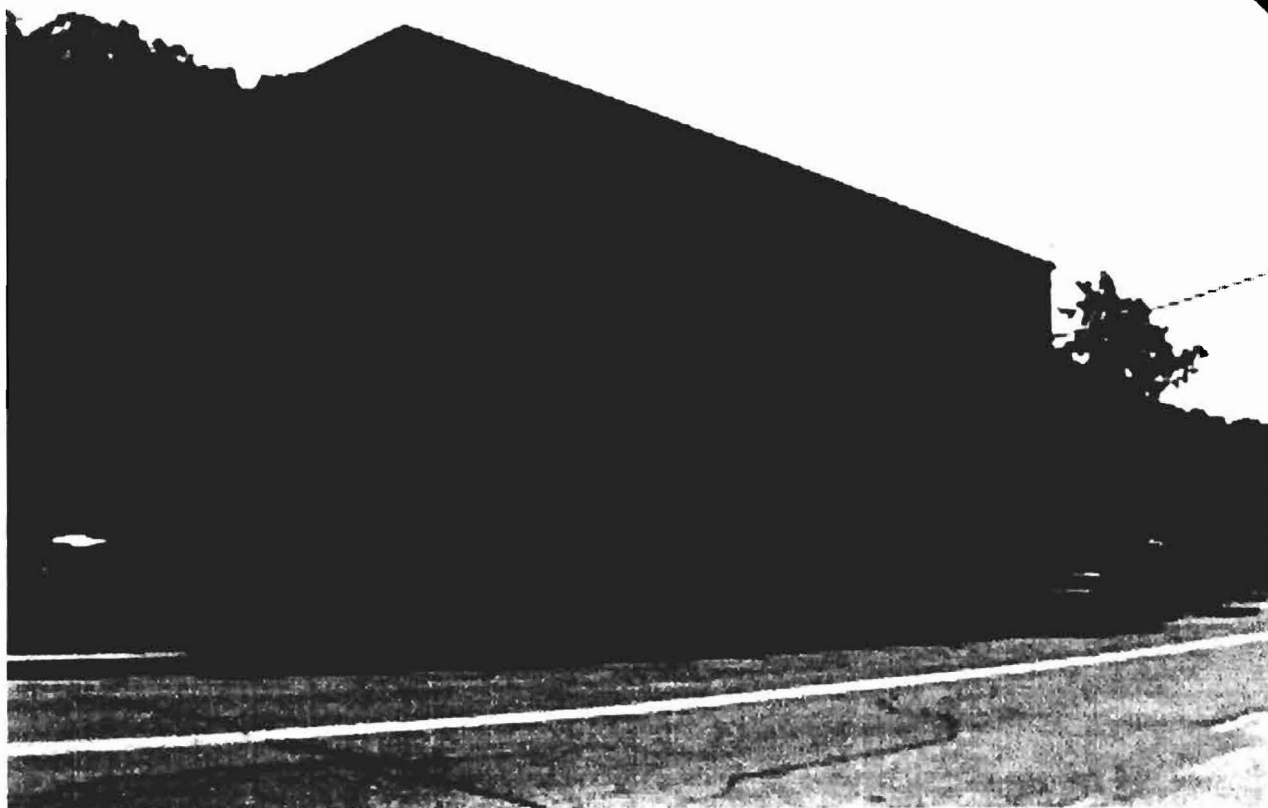
**Dept:** Building      **Status:** Approved with Conditions      **Reviewer:** Chris Hanson      **Approval Date:** 08/02/2008**Note:** **Ok to Issue:** 

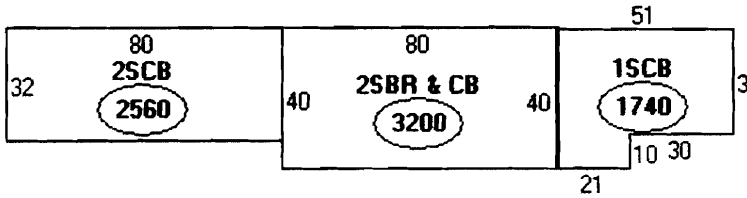
- 1) Open risers are permitted, provided that the opening between treads does not permit the passage of a 4" diameter sphere.
- 2) All penetrations through rated assemblies must be protected by an approved firestop system installed in accordance with ASTM 814 or UL 1479, per IBC 2003 Section 712.
- 3) Guards must be 42 inches in height with openings less than 4 inches. Graspable rails must be installed on both sides of the stair guard. Stair treads shall not be less than 11". Stair risers shall not be more than 7".
- 4) Your guardrail system installed around your deck must meet the loading requirements of section 1607.7.1 of the IBC 2003 Building Code.
- 5) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.
- 6) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.

**Dept:** Fire      **Status:** Approved with Conditions      **Reviewer:** Capt Greg Cass      **Approval Date:** 08/14/2008**Note:** **Ok to Issue:** 

- 1) Emergency lights are required to be tested at the electrical panel.
- 2) Fire extinguishers required. Installation per NFPA 10
- 3) All means of egress to remain accessible at all times
- 4) Emergency lights and exit signs are required
- 5) Any cutting or welding operations require a separate permit from the Fire dept.
- 6) Installation of a Fire Alarm system requires a Knox Box to be installed per city ordinance







Descriptor/Area

- A: 2SCB  
2560 sqft
- B: 2SBR & CB  
3200 sqft
- C: 1SCB  
1740 sqft

$$\begin{array}{r}
 2560 \\
 3200 \\
 1740 \\
 \hline
 7500 \# \div 1,000 \# \\
 7PKg
 \end{array}$$

11 shown

Not really A change of use



# PLUMBING APPLICATION

Department of Health and Human Services  
Division of Environmental Health

## PROPERTY ADDRESS

Town or Plantation: Portland  
Street Subdivision Lot #: 219

## PROPERTY OWNERS NAME

Last: Smith First: Bill  
Applicant Name: Bill Smith  
Mailing Address of Owner/Applicant (If Different): 100 Main St, Portland, ME 04101

PORTLAND PERMIT # 10768 TOWN COPY  
Date Permit Issued: 9/26/08 \$ 214.00  Double Fee Charged  
L.P.I. # 10811  
Local Plumbing Inspector Signature: [Signature]  
010 A008

## Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspectors to deny a Permit.

## Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Signature of Owner/Applicant: [Signature] Date: 9/26/08

Local Plumbing Inspector Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

## PERMIT INFORMATION

<b>This Application is for</b> 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	<b>Type of Structure To Be Served:</b> 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER - SPECIFY _____	<b>Plumbing To Be Installed By:</b> 1. <input checked="" type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D. HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input type="checkbox"/> PROPERTY OWNER LICENSE # <u>1151 CC 10738</u>
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Number	Column 2	Number	Column 1
		Type of Fixture		Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebib / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
<b>OR</b>		Urinal	<u>011</u>	Sink
		Drinking Fountain		Wash Basin
HOOK-UP: to an existing subsurface wastewater disposal system.		Indirect Waste	<u>011</u>	Water Closet (Toilet)
PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Water Treatment Softener, Filter, etc.		Clothes Washer
		Grease / Oil Separator		Dish Washer
<b>OR</b>		Roof Drain		Garbage Disposal
		Bidet		Laundry Tub
TRANSFER FEE [\$6.00]		Other: _____	<u>011</u>	Water Heater
		Fixtures (Subtotal) Column 2	<u>011</u>	Fixtures (Subtotal) Column 1
SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE			<u>03</u>	<b>Total Fixtures</b>
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			<u>84</u>	<b>Permit Fee (Total)</b>

124  
3